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Robert Henry Log 3314 Holly Dr. San Jose, CA 9512	- -	DEC 2 8 200	30105 3	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with th States Postal Service with sufficient postage for first class mail in an addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO (703) 746-4000, on the date indicated below			
		Á	`₿	1		(Deposi	
		3	E Comment				
		DEC 2 8 200	6,				
APPLICATION NO.	LICATION NO. FILING DATE FIRST NAM		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION	
10/602,300	06/24/2003	Robert Her		enry Lopez		8107	
TITLE OF INVENTION: UNIVERSAL COLLECT ADAPTER TOOL 12/30/2004 BABRAHA2 00000027 10602300							
			01 FC:1506 02 FC:1504		685.00 OP 300.00 OP		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$685		\$300	\$985	01/04/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
TALBOT, MICHAEL		3722		279-052000	-		
<ol> <li>Change of correspondence address or indication of "Fee Address" (3° CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGN	EE	(B)	B) RESIDENCE: (CITY and STATE OR COUNTRY)				
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Issue Fee	mall entity discount permitte		_	A check in the amount of the fee(s) is enclosed.  Payment by credit card: Form PTO-2038 is attached.			
Advance Order - # of		•	The Director is hereby authorized by charge the required fee(s), or credit any overpay				
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	MALL ENTITY status. See			cant is no longer claiming SMA		10. 1 .	
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Authorized Signature		1		. Date	12/16/04		
Typed or printed name Robert Henry			Registration No.				
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